Results:
1. TC Coordination Mechanism established
2. Improved coordination for key activities such support to TC bill, WNTD
3. Reduced costs for TC implementation
4. Alignment of TC actor activities with the national TC Strategic plan
5. Organised and coordinated response to TI interference
6. Joint high level advocacy for TC policy and legislation

TC Coordination Mechanism: E.g. Uganda.

Conclusion: National TC coordination is a cost effective strategy, because it requires minimal funding and has multiple benefits including:
1. Defines/sets country priorities in TC
2. Reduces costs (remove competitions and enhances complementarities)
3. Increases ownership and sustainability of TC programs
4. Strengthens TC through a "common front" vs. pro-tobacco & TI interference.

Beyond cigarettes: smokeless tobacco, ENDS (electronic nicotine delivery system) and other tobacco and non-tobacco products

PP001
PREVALENCE OF GREEN TOBACCO SICKNESS AMONG FCV TOBACCO FARMERS IN ANDHRA PRADESH, INDIA

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Background: Growing and handling Flu Cured Virginia tobacco (FCV) presents some hazards, a condition known as green tobacco sickness (GTS) due to the moisture and nicotine content. GTS is an occupational poisoning which affect workers who cultivate, harvest and handle FCV tobacco during any stage, which is characterized largely by nausea, vomiting, headache, muscle weakness, and dizziness.
Objective: We studied the prevalence of GTS among FCV farmers and farmers growing other crops including non FCV farmers in the state of Andhra Pradesh, India
Method: This cross sectional study was conducted in the two districts of Kurnool and Prakasam of Andhra Pradesh, India during March 2012–August 2012. The farmers were divided into two groups, one growing FCV, the other growing Non FCV and other alternative crops. The farmers and households of both the group who were involved during any stage of the crop growing and handling were included in the study. We used a pretested questionnaire collecting self-reported information on symptoms of GTS. We included nine symptoms namely tiredness, vomiting, shortness of breath, itching, increased sweating, poor appetite, sleeplessness, increased salivation and body ache which are associated with GTS
Result: We included 27221 households in the study with 14521 (53.3%) belonging to FCV and 12701 (47.7%) belonging to other group. The reliability in terms of internal consistency among the nine symptoms we included as measured by Cronbach's Alpha coefficient was acceptable (α=7). The symptoms of vomiting (52increased perspiration (54%), sleeplessness (54%) and increased salivation (54%) was found to be strongly associated with growing FCV ($p<0.001$). The other symptoms of tiredness, loss of appetite and body ache though more associated with FCV household was not statistically significant ($p>0.01$).
Conclusion: With the global battle of controlling disease caused by tobacco chewing and smoking, it's time we also start focusing on the effects of growing tobacco crops by farmers and other individuals who are involved in different stages of the cropping. With more children getting involved in tobacco farming, the symptoms of GTS had to be made aware among the farmers. The health care professionals should be made to probe among farmers growing tobacco for GTS.

PP003
ACCEPTABILITY OF FEMALE SMOKING & SMOKELESS TOBACCO USE IN INDIA: FINDINGS FROM THE TCP INDIA SURVEY

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Background: In many lower and middle-income countries, there is a gender gap in smoking whereby female smoking rates are much lower than males. A unique situation exists in India, where female smoking rates are low but the use of smokeless tobacco is high.
Objective: The aim of this study is to examine acceptability of female smoking and smokeless tobacco use in India, and to distinguish the factors that might explain female tobacco use in comparison to male tobacco use, such as social norms and beliefs about tobacco.
Method: Data are from Wave 1 of the TCP India Project (2010–2011), a survey of 8051 tobacco users and 2534 non-users in 4 states.
Result: Smokeless tobacco-only use was the most common form of tobacco use, especially among females (96–99.6% of female tobacco users across 4 states; 38.9–77.6% of male tobacco users). The use of smokeless tobacco among females was perceived as more acceptable than both female cigarette and bidi smoking. Female smokers were significantly more likely than male smokers to say female cigarette and bidi smoking is acceptable (15 vs. $2\chi^2$=24.165 p=0.001; and 17 vs. $2p<0.001$). Similar patterns were found between female and male mixed tobacco users. The majority of tobacco users said society disapproves of tobacco use, with more agreement that society disapproves of smoking than smokeless tobacco use (63.6% vs. 54.8% overall). Female smokers (48%) and mixed tobacco users (38%) were the least likely to say that society disapproves of smoking. Female smokeless (54%) and mixed tobacco users (40%) were also less likely than males (57 and 52% respectively) to agree that society disapproves of smokeless use. The belief that it is acceptable for females to smoke/use smokeless tobacco, and the belief that society approves of smoking/smokeless tobacco were associated with lower likelihood of intending to quit smoking/smokeless tobacco. Both of these relations were slightly stronger among females than males.
Conclusion: Smokeless tobacco was more acceptable than smoking in India, particularly for females. Female tobacco users tended to view their own tobacco use behavior as more acceptable than other types of tobacco use and than their male counterparts perceived it to be. Beliefs about social acceptability of female tobacco use may be an important predictor of intentions to quit tobacco

PP004
WHAT WOMEN IN DELHI KNOW ABOUT QUIT SMOKING METHODS AND THEIR RECALL OF A NEW CESSATION PRODUCT

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Background: Smoking of cigarettes has a strong association with gender in India, being primarily more common among the males. The home maker, that is, the lady of the house, however can have an important role as an agent for change influencing the behavior of the smokers in her circle of influence.
Objective: To study the knowledge of the women about various methods available to aid quitting smoking and their recognition of a newly launched over-the-counter nicotine replacement gum `Nicorette'.
Method: 1,206 home makers in the age group of 18–60 years in one part of Delhi i.e. East Delhi were interviewed using a pre tested, semi-open ended questionnaire. The residential colonies and urban slum area were selected to represent women across the socioeconomic spectrum.
Result: The respondents included 43.9% graduates and 10.4% illiterates. Eighteen (1.5%) of the women admitted being smokers themselves while 303 (25.2%) had at least one smoker in the immediate family. The most common response mentioned as a method for quitting smoking was "Self-control" (42.2%), followed by "doctor" (25.9%) and "de-addiction clinic" (14.9%). "Chewing gum" was mentioned by 14.6% women. Thirty six of the 1206 women (3.0%) could recognize the symbol of the newly launched nicotine gum brand, 113 (9.4%) mentioned "Nicorette" by name as an aid for quitting smoking even though 261 (21.6%) said they knew about "Nicorette" after being asked by name. The significant correlates of both being able to recognize the symbol and being able to name Nicorette as a method for quitting smoking, were higher education level, higher use of television and newspaper, having a smoker in the family and the locality of the respondent. While 493 (40.7%) perceived that a smoker can give up smoking only by going to a doctor, 601 (49.8%) disagreed.
Conclusion: The role of the women as agents of change for the smokers in their domain of influence, should not be overlooked. We identified key knowledge gaps among the women regarding available methods for quitting smoking and about a newly launched readily available cessation product, which need redressal for their role to become more effective.

PP005
TOBACCO AND NON-TOBACCO ABUSE AMONG SCHOOL CHILDREN IN THE TWO CITIES OF UTTAR PRADESH, INDIA

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Background: Addiction to tobacco and harmful non-tobacco products by youth is assuming alarming proportion in our country. It has adverse health consequences and needs urgent intervention.
Objective: A cross-sectional study was undertaken to determine the prevalence and age at initiation of tobacco and non-tobacco use among school children.
Method: Data was collected from students of class 7 to 12 (ages: 11–18 years) in the year 2005, studying in the cities of Noida and Ghaziabad, through cluster and random sampling using a self-administered anonymous pretested questionnaire. The sample size calculated was 7224, assuming the prevalence of tobacco use as 6.0%, a relative precision of 10% and confidence interval of 95%. Differences in proportions and mean age of initiation were tested using Pearson's Chi-Square test and Students t-test respectively. Tobacco use included smoking of cigarettes, beedis, hookah, chillum, ganja etc. and chewing of Gutka, Khaini and Zarda. While Non-tobacco comprised of betel quid and pan masala.
Result: A total of 7224/8500 (84.9%) students responded. "Exclusive tobacco use", "Exclusive non-tobacco chewing" and "Both habits" were found in 3.0%, 10.7% and 3.6% students. There was no significant gender difference in the prevalence of "exclusive tobacco use" and "exclusive non-tobacco use". Interestingly, girls were found to initiate tobacco and non-tobacco habits earlier than boys. (tobacco: girls 12.1.years vs. boys 12.4 years; non-tobacco: girls